ONE STEP CLOSER CO™

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EMERGENCY TOOLKIT · NO. 08

Panic & *Catastrophizing*

What to do when your brain locks onto the worst possible outcome

Panic Attacks · Worst-Case Thinking · Threat Amplification

6 Core Tools for Nervous System Regulation · One Step Closer Co™

BEFORE YOU BEGIN

A Note Before You Begin

Panic is one of the most physically convincing experiences the body can produce. Your heart pounds. Your chest tightens. Your breathing changes. Your vision narrows. Every signal your body sends says: this is real, this is dangerous, this is happening.

And then your mind adds the story. What if it doesn't stop? What if something is wrong? What if this is the time it's actually serious? What if I can't cope?

> *Panic can be one of the most physically convincing experiences the body produces. The sensations are real, even when the alarm is not signaling an external danger. A panic attack itself is generally not life-threatening, but new, severe, or unfamiliar symptoms should never automatically be assumed to be anxiety. Seek medical assessment when symptoms could indicate a physical emergency.*
> *Panic intensity changes over time. The most intense phase often eases, although residual symptoms and exhaustion may last longer.*

Catastrophizing is the mind's attempt to prepare for threat by living in it in advance. It feels like problem-solving. It is actually a form of suffering that offers no protection against the thing it fears.

This toolkit is for both: the physical surge of panic and the mental spiral of worst-case thinking. They often arrive together. The tools work on both.

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You have moved through intense states before. That experience may
help you remember that this state can also change.
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This is a trauma-informed self-help and educational resource. It is not therapy, medical advice, diagnosis, treatment, or crisis support. Use only the tools that feel safe and appropriate for your circumstances. Seek qualified professional or emergency support when needed.

ORIENTATION

How to Use This Toolkit

Panic and catastrophizing require different tools at different moments. This toolkit covers both the acute surge and the cognitive spiral.

This toolkit contains six core tools, supported by a three-step protocol, quick-reference guide, personal profile, and customized action plan.

THREE WAYS TO USE IT

DURING PANIC

Go straight to Tool 01 (Body-First Protocol) or Tool 02 (Anchor Breathing). Do not try to think your way out. Work with the body first.

DURING CATASTROPHIZING

When the mind is looping on worst-case scenarios, use Tool 03, 04, or 05. These work on the thought spiral directly.

BUILDING RESILIENCE

Complete My Panic Profile when calm. Understanding your pattern means you can intervene earlier — before full panic or deep catastrophizing.

FIND YOUR TOOL BY WHAT'S HAPPENING RIGHT NOW

Full panic, body overwhelmed → Tool 01: Body-First Panic Protocol	Breathing is the problem → Tool 02: Anchor Breathing
Stuck in worst-case scenarios → Tool 03: The Catastrophe Ladder	'What if' spiral won't stop → Tool 04: The Probability Reality Check
Thoughts feel like facts → Tool 05: Thought Defusion	Worry keeps returning all day → Tool 06: The Worry Window

If you experience frequent panic attacks, this toolkit works best alongside professional support. It is not a replacement for therapy or medical assessment.

What Is Actually Happening

Panic and catastrophizing are both products of a threat-detection system doing its job too well. Understanding the mechanism doesn't immediately stop it — but it changes the relationship you have with it.

THE PANIC ATTACK — WHAT IT IS

> A panic attack is a sudden surge of intense fear or discomfort accompanied by physical and cognitive symptoms. It may occur without an obvious external danger, but physical causes and genuine safety concerns should be considered when appropriate. The body's threat-response systems activate, producing real changes in heart rate, breathing, muscle tension, attention, and sensation. Every sensation is real — and every sensation is the body doing exactly what it's designed to do in genuine threat. The problem is the threat isn't real. The alarm has misfired.

THE CATASTROPHIZING LOOP

1. **Trigger**
   An ambiguous situation, physical sensation, or anxious thought.
2. **Threat appraisal**
   The brain scans for the worst possible interpretation and finds it.
3. **Physical response**
   Body activates as if the worst case is occurring. Sensations amplify.
4. **Attention narrows**
   Focus locks onto the feared outcome. Evidence against it becomes invisible.
5. **What if spiral**
   Each answer generates a new, worse question. The loop accelerates.
6. **Exhaustion or avoidance**
   Eventually: shutdown, numbing, or avoiding the trigger entirely — which maintains the pattern.

The most important thing to know about panic: fighting it makes it worse. The fear of the panic creates more panic. The antidote is not resistance — it is allowing the wave to move through.

EMERGENCY PROTOCOL

The Three-Step Emergency Protocol

During acute panic, the thinking brain is largely offline. This protocol is designed to be followed without requiring complex thought. Simple, physical, sequential.

01 SAY WHAT IS HAPPENING

Say aloud or silently: "This may be panic. I will respond carefully, stay present, and seek medical help if anything feels new, severe, or medically concerning." If you have an established diagnosis and recognize this pattern: "I recognize this pattern as panic. It feels frightening, and it can pass without me fighting it."

02 WORK WITH THE BODY

Do not try to stop the panic. Instead: feel your feet on the floor. Find something cold to hold. Take one slow breath — just one. You are not trying to feel calm. You are trying to feel present.

03 ALLOW THE WAVE

Panic often reaches high intensity quickly, but duration varies. Look for any change rather than expecting the entire experience to end within a fixed number of minutes.

When you are physically safe and leaving is part of an established anxiety-avoidance pattern, gently remaining may help weaken the association between the situation and danger. Never remain in a genuinely unsafe environment, while driving unsafely, during a medical emergency, or beyond what you can manage responsibly. Planned exposure is best developed with professional guidance when panic is severe.

SEEK URGENT MEDICAL CARE IF:

Seek urgent medical care for new or severe chest pain, fainting, signs of stroke, severe breathing difficulty, allergic reaction, serious injury, overdose, medication reaction, pregnancy-related emergency, or symptoms unlike your established panic pattern. When in doubt, obtain medical assessment.

TOOL 01

01

Body-First Panic Protocol

Physiological anchoring during acute panic

USE WHEN: Full panic, body overwhelmed

During full panic, cognitive tools don't work — the thinking brain isn't accessible. This protocol works at the physiological level first, before any cognitive intervention is attempted.

THE SEQUENCE

1. Say aloud: "This is panic. It is intense, and it can change." Once is enough.
2. Find the ground: press both feet firmly into the floor. Feel the resistance. You are held.
3. Find something cold: hold ice, cold water, or press your wrists under cold water for 30 seconds. Holding a cool object or using cool water may help redirect attention and create a noticeable sensory anchor. Avoid extreme cold or sudden immersion. Avoid this technique if you have a heart condition, are pregnant, or have been advised against cold exposure.
4. Name five things you can see. Say them aloud. Slowly. Do not rush.
5. Take a comfortable, ordinary inhale and allow the exhale to become slightly longer. Do not force a large breath. Then breathe normally.
6. Now notice: the panic is moving. Even if it doesn't feel like it, it is changing. Panic is not static.
7. Repeat step 4 and 5 as needed. You are waiting for the wave to change.
   It is moving, even if it doesn't feel like it.

WHAT NOT TO DO DURING PANIC

Fighting or resisting it
→ Increases the second fear, which amplifies the panic.

Leaving immediately
→ Teaches the brain the situation was genuinely dangerous.

Googling your symptoms
→ Catastrophizing during panic accelerates the loop.

Demanding it stop right now
→ Urgency amplifies arousal. Allowing is the antidote.

> *You have moved through every panic attack you have had before. This experience can change too, even when it doesn't feel that way yet.*

TOOL 02

Anchor Breathing

02

Using breath to lower the alarm

USE WHEN: Breathing is the problem

During panic, breathing becomes fast and shallow — or held. This creates a feedback loop: altered breathing produces physical sensations (dizziness, tingling, tightness) which are then interpreted as further evidence of danger. Changing the breath pattern breaks the loop.

Important: do not force a deep breath at the start of panic — it can increase hyperventilation. Begin with the exhale.

Breathing exercises are optional. Some people experience increased dizziness, air hunger, or panic when focusing on breath. In that case, use visual, tactile, or auditory grounding instead. Avoid breath holds if they increase distress.

PHYSIOLOGICAL SIGH

Double inhale through the nose — a normal breath, then a small top-up sniff. Then one long, slow exhale through the mouth. This is the fastest known breath-based intervention for acute stress. One to three times is enough.

4-7-8 BREATH

Inhale for 4 counts. Hold for 7. Exhale for 8. The extended exhale and hold activate the parasympathetic system powerfully. Start with just one cycle — the hold can feel intense during panic. Reduce to 4-4-8 if needed.

EXTENDED EXHALE

Breathe in normally. Breathe out for twice as long as you breathed in. Don't force the inhale — the extended exhale is where the regulation happens. Repeat for 5–10 cycles. This is the gentlest and most accessible during acute panic.

COUNTED BREATH

Simply count each breath: in — one, out — one, in — two, out — two. Count to ten, then restart. The counting occupies the mind and introduces a gentle structure that interrupts the catastrophizing loop running alongside the panic.

→ You don't need to master all four. Find the one that feels most accessible during panic and practice it when calm, so it's available when you're not.

TOOL 03

The Catastrophe Ladder

03

From worst-case to realistic

USE WHEN: Stuck in worst-case scenarios

Catastrophizing collapses all possible outcomes into one: the worst one. The Catastrophe Ladder separates the outcomes and brings the realistic one back into view — without dismissing the fear.

The goal is not to prove that the feared event is impossible. It is to identify the unsupported leaps between the observable situation and the most extreme predicted outcome.

THE FRAMEWORK

WORST CASE

What is the absolute worst outcome I am imagining? State it specifically. Get it out of your head and onto paper.

MOST LIKELY CASE

Based on actual evidence and past experience — what is the most probable outcome? Not the hoped-for one. The realistic one.

BEST CASE

What is the best outcome that is genuinely possible? Not fantasy — what could realistically go right?

WHAT I CAN CONTROL

Of all the outcomes above: what is actually within my influence? What can I do, prepare, or choose?

SUGGESTED WORKSHEET

What happened?
What is the first prediction?
What has to happen next for that prediction to come true?
Which steps are facts, and which are assumptions?
What is a more proportionate next conclusion?

TOOL 04

The Probability Reality Check

04

Testing the actual likelihood of the feared outcome

USE WHEN: 'What if' spiral won't stop

Anxiety distorts probability — it treats low-probability events as if they are near-certain. This tool brings accuracy back to the assessment. Not to dismiss the fear, but to give it a realistic weight.

This tool is not intended for situations involving immediate danger or symptoms that require professional assessment. It is for recurring catastrophic predictions in the absence of credible new evidence. When a numerical probability is hard to estimate, use possible, plausible, probable, or supported by current evidence instead.

THE SIX QUESTIONS

1. What specifically am I afraid will happen? State it as precisely as possible.
2. On a scale of 0–100%, how likely do I think this outcome is right now, in this moment?
3. How many times have I had this fear before? How often did the feared outcome actually occur?
4. What evidence do I have that it will happen this time? What evidence suggests it won't?
5. If a trusted friend had this fear, what probability would I give their feared outcome?
6. Revised estimate: given my answers above, what is a more accurate probability?

COMMON PROBABILITY DISTORTIONS

Probability overestimation
Treating a 2% chance as though it's 80%.

Recency bias
One bad experience makes the next feel certain.

Emotional reasoning
"I feel like it will happen, therefore it will."

Confirmation bias
Noticing evidence for the fear, missing evidence against.

Anxiety is not a reliable narrator. It is a very enthusiastic one. Learning to fact-check it is not dismissing your concerns — it is treating them with the seriousness they actually deserve.

TOOL 05

05

Defusion from Catastrophic Thoughts

Creating distance from thoughts that feel like facts

USE WHEN: Thoughts feel like facts

Cognitive defusion, from Acceptance and Commitment Therapy (ACT), is the practice of stepping back from thoughts rather than engaging with their content. The goal is not to stop the catastrophic thought — it is to stop treating it as a report on reality.

DEFUSION TECHNIQUES — CHOOSE ONE

Labelling

Prefix the thought with: "I notice I'm having the thought that _____." This one addition creates immediate distance. You are not the thought. You are the one noticing it.

Thank your mind

When the catastrophic thought arrives: "Thank you, mind. I can see you're trying to protect me." Absurd-sounding. Genuinely effective at interrupting the fused relationship with the thought.

The radio metaphor

Imagine the catastrophic thoughts as a radio playing in the background. You don't have to turn it off. You don't have to listen closely. You can let it play while you do something else.

Leaves on a stream

Visualise a stream. Each catastrophic thought is a leaf. Place it on the water and watch it float away. You are the bank, not the leaf. You don't follow the leaf.

Name the programme

Give the catastrophizing pattern a name: 'There goes the Disaster Channel again.' or 'The What-If Show is on.' Naming the pattern as a recurring broadcast creates immediate separation.

PHRASES TO TRY

"I am having the thought that…" / "My mind is predicting…"
"This is a frightening possibility, not an established outcome."
"A thought can feel urgent without being accurate."

TOOL 06

The Worry Window

06

Containing catastrophizing across the day

USE WHEN: Worry keeps returning all day

Catastrophizing often doesn't arrive in one episode — it seeps across the day, interrupting work, rest, and conversation with recurring worst-case loops. The Worry Window contains it by giving the worry a dedicated time, so it doesn't colonise everything else.

SETTING UP THE WORRY WINDOW

1. Choose a daily time slot of 20–30 minutes for deliberate worrying. Same time each day. Not within 2 hours of bed.
2. When catastrophic thoughts arrive outside the window: write them down. Tell yourself: "I'm noting this for my worry time. I'll come back to it then."
3. During the worry window: sit with the worries actively. Write them out. Use the Catastrophe Ladder or Probability Check on them. Give them real attention.
4. When the timer ends: close the notebook. The worry window is over. If a thought returns, remind yourself: "I've given this its time. I can return tomorrow."
5. Over time: the brain learns that worries have a home. They don't need to intrude everywhere else because they know they'll be attended to.

Do not postpone action on genuine safety, health, legal, or practical concerns. Postpone repetitive mental review after proportionate action has already been taken.

WHEN A WORRY ARRIVES OUTSIDE THE WINDOW

"I can't stop thinking about it right now"

"This is a real worry and it deserves attention. I've scheduled time for it. I'll bring it then."

"But what if I forget it by then?"

"Write it down now. It will be there at worry time. Right now I'm choosing to set it aside."

"This one feels too urgent to wait"

"Urgency is a feature of anxiety, not evidence that this worry is more dangerous than others. It can wait."

→ The Worry Window works because it removes the secondary anxiety — the anxiety about having anxiety. You are not fighting the worry. You are scheduling it.

AFTER PANIC OR CATASTROPHIZING

After the Wave

Panic is physiologically exhausting. Catastrophizing is cognitively draining. After either — or both — the body and mind need genuine recovery, not immediate return to full function.

RECOVERY RITUALS

1. Rest without guilt. Panic can be physically and mentally exhausting. Rest, hydration, food, and reduced stimulation may support recovery.
2. Eat and drink something. Blood sugar and hydration both affect anxiety levels significantly.
3. Avoid immediate analysis of what the panic 'means.' It means your nervous system activated. That's all.
4. Note what preceded the panic — not to judge yourself, but to understand your pattern.
5. Acknowledge what you did: you stayed, you used a tool, you let the wave pass. That is not small.
6. Journal when ready: 'What was I most afraid of? What actually happened?'

> *The fact that you are reading this after a panic attack means you survived it. That fact is more useful than it sounds. Your body has evidence — accumulated over every panic you have ever had — that you make it through.*

Over time, the attacks become shorter. The catastrophizing loops become less sticky. Not because you become someone who doesn't panic — but because you become someone who knows from experience that panic ends.

QUICK REFERENCE

When to Use What

TOOL 01

Body-First Protocol

When: Full panic, overwhelı During panic

TOOL 02

Anchor Breathing

When: Breathing is the problem 3–8 min

TOOL 03

Catastrophe Ladder

When: Stuck in worst-case 5–10 min

TOOL 04

Probability Check

When: 'What if' spiral 5–10 min

TOOL 05

Defusion

When: Thoughts feel like facts 2–5 min

TOOL 06

The Worry Window

When: Worry across the wh Daily 20 min

ALWAYS FIRST

Name it → Work with the body → Allow the wave to pass

SEEK URGENT MEDICAL CARE IF:

Seek urgent medical care for new or severe chest pain, fainting, signs of stroke, severe breathing difficulty, allergic reaction, serious injury, overdose, medication reaction, pregnancy-related emergency, or symptoms unlike your established panic pattern. When in doubt, obtain medical assessment.

PERSONAL WORK

My Panic & Catastrophizing Profile

Complete this after the panic has passed — never during. Use it to understand your pattern.

My most common panic triggers

Situations, sensations, thoughts, times of day…

My panic body sensations

Heart, chest, breath, vision, hands, head…

My typical catastrophic thoughts

"What if I…" / "What if they…" / "What if it…"

What has helped me through panic

A tool, a phrase, a person, a place, a focus…

My earliest warning sign — before full panic

The moment I can still choose to intervene:

What I want to remember during the next panic attack

PERSONAL WORK

My Personal Protocol

Choose your tools and write them in. Made when calm — for when the panic arrives.

I KNOW PANIC OR CATASTROPHIZING IS STARTING WHEN…

MY THREE TOOLS — IN ORDER

01 FIRST

The first thing I do during acute panic:

02 THEN

When the body settles slightly, I use:

03 FINALLY

For the catastrophizing loop, I use:

WHAT I WILL TELL MYSELF DURING THE NEXT PANIC

Write the most useful reminder — from you, to you:

MY WORRY WINDOW TIME

Daily worry window: time _____ duration _____

A Final Note

You are not your panic.

You are not your worst-case scenario.

Every catastrophic thought your mind has ever produced has a record. The record shows: it produced the thought, the thought felt real and urgent and certain, and then the thing it feared either didn't happen — or happened and you survived it.

That record is yours. It is evidence. Every time you ride a panic wave instead of fighting it, every time you fact-check a catastrophic thought instead of following it, every time you let the worst-case stay possible without treating it as certain — you are adding to that record.

The mind that catastrophizes is trying to protect you. It is just very bad at probability. You can be grateful for the intention and skeptical of the prediction at the same time.

You have come through every single wave. This one is no different.

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